El SDRC plantea un importante reto ya que no presenta una sintomatología típica y plantea realizar un diagnóstico diferencial con otras enfermedades como celulitis, síndrome compartimental y enfermedad vascular. Teniendo en cuenta que el dolor crónico es un importante detonante para la aparición o agravación de otros síndromes geriátricos, pudiendo ocasionar un deterioro funcional importante en el paciente mayor, el abordaje debe ser multidisciplinar abarcando medicación con antiinflamatorios, antiepilépticos, antidepresivos, procedimientos invasivos como los bloqueos simpáticos, ablación por radiofrecuencia[9] y neuromodulación, terapia ocupacional, psicoterapia y oxigenación hiperbárica.

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Immunogenicity, effectiveness and safety of COVID-19 vaccine in older adults living in nursing homes: Comment

Inmunogenicidad, efectividad y seguridad de la vacuna COVID-19 en adultos mayores que viven en hogares geriátricos: comentario

Dear Editor,

We would like to share ideas on the publication "Immunogenicity, effectiveness and safety of COVID-19 vaccine in older adults living in nursing homes: a real-life study.[1]" Meijide Mguez et al. describe the COVID-19 vaccine immunogenicity, efficacy, and reactogenicity after complete immunization (two doses), as well as immunogenicity and reactogenicity after one booster, in healthy NH workers and elderly residents in real-world settings.[1]

After receiving the initial shot and the booster, Meijide Mguez et al. discovered evidence of cellular immunity. Moreover, one resident of the study was admitted to the hospital with SARS-CoV-2. The majority of adverse effects were moderate, and no deaths associated with SARS-CoV-2 were documented.[1] The BNT162b2 mRNA COVID-19 vaccine is immunogenic, efficient, and safe in elderly NH inhabitants with underlying chronic illnesses, according to Meijide Mguez et al.[1]

To completely comprehend the outcomes, a number of things need to be examined. Without using specific laboratory testing, it is impossible to make a relationship between asymptomatic COVID-19 and the absence of symptoms. Asymptomatic COVID-19 and the absence of clinical symptoms could be misdiagnosed without comprehensive laboratory testing. If neither the most recent clinical signals nor the most recent clinical markers are present, a silent COVID-19 must be ruled out.[2] Some people's immune systems appear to respond to COVID-19 differently because of additional genetic differences.[3] Further clinical research is required before the findings can be validated.

Data availability statement

There is no new data generated.

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Conflict of interest

None.

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